# California Oaks Veterinary Hospital

**An XLNT Veterinary Care Hospital**

***Name**: ______________________________ ________________________ _____________
Last First Middle

I am: Owner: ___Relative: ___Friend: ___Caretaker/giver: ___Good Samaritan: ___

***Address**: ____________________________ City: __________________ State: ____ Zip: ______

***Home Phone**: ____________________________ Cell Phone: ____________________________

***Email Address**: ________________________________________ Work Phone: ______________

Spouse Name: ___________________________________ Spouse Work Phone: ________________

***Drivers License**: _______________________________

Referred By: Friend or Family: _____________________ Sign or Building: ___Yellow Pages: ___
Website: ___Yellow Pages: ___ Other: _____________________
Contact Person In Case Of Emergency: _______________________________________________
Relationship: __________________________ Phone: ____________________________________

MC: ___ Visa: ___ Discover: ___ Am. Express: ___ Care Credit: ___ Cash: ___ Check: ___
***Pet's Name:** _________________________ **Dog:** ___**Cat:** ___***Birthday:** _________________
***Breed:** ________________________________ ***Sex: M F N** Color: ____________________

Pet's Name: ____________________________ Dog: ___Cat: ___Birthday: __________________
Breed: __________________________________ Sex: M F N Color: _____________________

Previous Veterinary Hospital or Doctor: _______________________________________________

***Vaccinations Date and Type:** _____________________________________________________

***Medications I Give My Pet:** ______________________________________________________

I am the owner or authorized agent of this patient(s), and hereby consent and authorize the admitting veterinarians, or staff, of California Oaks Veterinary Clinic now and in the future to care for, treat, anesthetize, perform surgery, or dentistry, on the above named patient(s). I further understand that no guarantee of successful treatment is made or implied. I hereby certify that I have read and fully understand this authorization for medical or surgical treatment and the reason why such medical or surgical treatment is considered necessary, as well as its advantages and possible complications, if any. I also assume financial responsibility for all charges incurred to this patient (s).
Pets will be handled in accordance with Section 1834 of the California Civil Code
Any legal actions will not forego the payment in full of services and medication or fees necessary for collection of fees.

**It is the policy of the hospital to collect all fees at the time services are rendered.**

_______________________________________________________ ***Date:** ____________________
***Owner or Responsible Party**

3/6/2007